AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the

Jayson Secrano >	
Plaintiff Petitioner (anden County Correctional Facility) Defendant Respondent	Civil Action No.
Defendant/Respondent)	

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application	Instructions
I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims. Signed:	Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number. Date: 10/5/16

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	amount d	monthly income uring the past 12 months	Income amount expected next month		
No 100 ULT	You	Spouse	You	Spouse	
Employment	\$ NA	s 1/19	s NIA	s N/A	
Self-employment	\$\\	s 1	\$ \	\$	
Income from real property (such as rental income)	\$	\$	\$	\$	
Interest and dividends	\$	\$	\$	\$	
Gifts	\$	\$ \//	\$	\$	
Alimony	\$ //	\$	\$	\$	
Child support	\$	\$	\$	\$	

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Retirement (such as social security, pensions, annuities, insurance)	\$	\$. 1	1	\$		\$
Disability (such as social security, insurance payments)	\$ V	\$		T	6		\$
Unemployment payments	\$	\$			\$		\$
Public-assistance (such as welfare)	\$ T	3/			S	\	\$
Other (specify):	\$ 7	\$			\$		\$
Total monthly income:	\$ 0.00	\$		0.00	\$	0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

	Address	Dates of employment	Gross monthly pay
Chas lovez	3975 Westfield Ave.	Sept. 2015	\$ 9.50
	Carrlen, N.T 08105	August . 2016	\$ 10.00

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	 L		Dates of employment	Gross monthly pay
			N		\$
			H	+	\$
			1		\$

4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account		Amount you have			Amount your spouse has	
	X			\$	\bigcap		\$
		\		\$			\$
				\$			\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5.	ist the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary
	ousehold furnishings.

nousehold furnishings.					
Assets owned by you or your spouse					
Home (Value)	s				
Other real estate (Value)	\$				
Motor vehicle #1 (Value)	\$				
Make and year:					
Model:					
Registration #:					
Motor vehicle #2 (Value)	\$				
Make and year:					
Model:					
Registration #:					
Other assets (Value)	\$				
Other assets (Value)	\$				

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money		Amount	Amount owed to your spouse			
	11A	s (\)	A	S	Λ	A
, ,		s		\$	107	17
		s		S		

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initia	is only)	Relationship	Age
11	TA		

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for nobile home) Are real estate taxes included? Yes No Is property insurance included? Yes	\$	s
Utilities (electricity, heating fuel, water, sewer, and telephone)	s D	s
Home maintenance (repairs and upkeep)	s O	\$
Food	s O	s
Clothing	s O	s
Laundry and dry-cleaning	s O	s
Medical and dental expenses	s O	s
Transportation (not including motor vehicle payments)	s D	s
Recreation, entertainment, newspapers, magazines, etc.	s O	S
Insurance (not deducted from wages or included in mortgage payments)	30	
Homeowner's or renter's:	s ()	s
Life:	s ()	s
Health: America Oup	s	\$
Motor vehicle:	s 💍	S
Other:	s	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	s ()	s
Installment payments		
Motor vehicle:	s O	\$
Credit card (name):	s O	\$
Department store (name):	s ()	s
Other:	s 0	s
Alimony, maintenance, and support paid to others	s O	S

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Regular expenses for operation of business, profession, or farm (attach detailed statement)		s	0	S	
Other (specify):		s	\mathcal{O}	\$	
	Total monthly expenses:	\$	0.00	s	0.00
9.	Do you expect any major changes to your monthly income or expenses onext 12 months?	rin	your assets or lia	bilities durin	g the
	Yes No If yes, describe on an attached sheet.				
10.	Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? Yes DNo				
	If yes, how much? \$				
11.	Provide any other information that will help explain why you cannot pay the costs of these proceedings. I have not one dollar to my name, and I'm trying to look for any type of work to holp with lidentify the city and state of your legal residence. Canden, Nit (856) 209-8657 Your daytime phone number:				
12.	Your daytime phone number: Your age: 28 Your years of schooling: 4.5.0	7	Finan	cial is	with) DeS
	Tour age. O Tour years of schooling.				